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SERIAL NUMBER 10/626,530	FILING DATE 07/25/2003 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF111U3C1D1
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/571,013 05/15/2000 PAT 6,811,773

which is a CON of 08/941,020 09/30/1997 ABN

which claims benefit of 60/027,299 09/30/1996

and claims benefit of 60/027,300 09/30/1996

and is a CIP of 08/722,723 09/30/1996 ABN

and is a CIP of 08/722,719 09/30/1996 PAT 6,001,606

and said 08/722,723 09/30/1996

is a CIP of 08/468,775 06/06/1995 ABN

and is a CIP of 08/465,682 06/06/1995 ABN

and is a CIP of 08/446,881 05/05/1995 ABN

and said 08/722,719 09/30/1996

is a CIP of 08/468,775 06/06/1995 ABN

and is a CIP of 08/465,682 06/06/1995 ABN

and is a CIP of 08/446,881 05/05/1995 ABN

and said 08/468,775 06/06/1995

is a CIP of 08/173,209 12/22/1993 PAT 5,556,767

and is a CIP of 08/208,339 03/08/1994 PAT 5,504,003

and is a CON of 08/446,881 05/05/1995 ABN

and said 08/465,682 06/06/1995

is a CIP of 08/173,209 12/22/1993 PAT 5,556,767

and is a CIP of 08/208,339 03/08/1994 PAT 5,504,003

and is a CON of 08/446,881 05/05/1995 ABN

which is a CIP of 08/173,209 12/22/1993 PAT 5,556,767

and is a CIP of 08/208,339 03/08/1994 PAT 5,504,003 ←

OK PM 9/12/05

** FOREIGN APPLICATIONS *****

none PM 9/12/05

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY BRAZIL	SHEETS DRAWING 69	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 7
Verified and Acknowledged	Examiner's Signature <u>PM</u> 9/12/05 Initials				

ADDRESS

22195
HUMAN GENOME SCIENCES INC
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20850

TITLE ANTIBODIES TO

Therapeutic compositions and methods for treating disease states with myeloid progenitor inhibitory factor-1 (MIP-1), monocyte colony inhibitory factor (M-CIF) and macrophage inhibitory factor-4 (MIP-4) amended

FILING FEE RECEIVED 1236	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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